

Foster Family Home - Corrective Action Report

Provider ID: 1-170091

Home Name: Marianne Cacatian, CNA

Review ID: 1-170091-3

2421 Notley Street

Reviewer: Julie Hastings

Honolulu HI 96819

Begin Date: 12/30/2019

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection completed for a 3 person CCFFH recertification. Corrective Action Report issued during home inspection with all items due to CTA within 30 days.

6.(d)(1)

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8) CPR and First Aid lapsed and is overdue for CG#2. Was due on 7/29/2019 and has not yet been completed.

41.(b)(8) PCG with no current Blood Borne pathogen certificate. Last expired 2/21/19.

3 Person Fire Safety, 3 Person Fire Safety (3P) Fire Natural Disaster

(3P)(b)(1) Fire shall be conducted monthly

Comment:

(3P)(b)(1) Fire No fire drills documented for 2019. Last documented was 1/9/2018

Foster Family Home Insurance Requirements [11-800-51]

51.(a)(1) General;

Comment:

51.(a)(1) CCFFH Liability insurance has lapsed. Was due on or before 11/19/19


Compliance Manager


Primary Care Giver

12/30/19
Date

12/30/19
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: MARIANNE CACATIAN
CCFFH Address: 2421 NOTLEY ST. HONOLULU, HI 96819

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41(b)(8)	OBTAINED CG# 2 CPR & 1ST AID CERTIFICATE, DATE COMPLETED 10/12/2019	01/27/2020	PLANS TO KEEP DOCUMENTS UP TO DATE IS TO AVOID DELAYS BY SCHEDULING 2 MONTHS ADVANCE PRIOR TO DUE DATE & HAVE PRINTS OUT & TASK PRINTED ON PAPER & POSTING ON EVERY MONTH ON WALL CALENDAR IN P's ROOM & OWN ROOM BECAUSE PHONE CALENDAR DID NOT HELP.
41(b)(8)	OBTAINED CG#1 BLOOD BOURNE PATHOGEN CERTIFICATE, DATE COMPLETED 01/23/2020	01/27/2020	
51(a)(1)	OBTAINED LIABILITY INSURANCE PAPER FOR YEAR OF 2020 EXPIRE DATE: 11/30/2020	01/27/2020	
38(b)(1)	LARSE CANNOT BE CORRECTED. THEY WERE NOT AVAILABLE IN THE HOME & WERE NOT DONE.	01/27/2020	
			FIRE DRILL WILL BE DONE BY EACH CG AT LEAST ONCE A YEAR. HOME DEVELOPED A SCHEDULE & HAS IT POST ON THE REFRIGERATOR.

Primary Caregiver's Signature: Marianne Cacatian

Print Name: MARIANNE CACATIAN

Date of Signature: 01/27/2020